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Country programme outline for Benin

Proposed UNFPA assistance: $15.5 million: $5.25 million from regular resources and $10.25 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2004-2008)

Cycle of assistance: Sixth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.25	6.75	9.00
Population and development strategies	1.50	2.25	3.75
Advocacy	1.00	1.25	2.25
Programme coordination and assistance	0.50	-	0.50
Total	5.25	10.25	15.50

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I. Situation analysis

1. The population of Benin is estimated at 6.75 million. Between 1992 and 2002, the annual average growth rate was 3.2 per cent. From 1992 to 2001, urban population increased from 36 per cent to 41 per cent, with internal migration contributing largely to this trend. The population is young: people under the age of 15 account for more than 45 per cent of the total population.

2. Life expectancy at birth is 52.3 years (56.6 years for women and 47.8 years for men). The maternal mortality ratio remains high at 498 per 100,000 live births, as does the infant mortality rate, at 89.1 per 1,000 live births. The HIV/AIDS prevalence rate has increased from 0.3 per cent in 1990 to 4.1 per cent in 2001. The total fertility rate declined from 6.3 children per woman in 1996 to 5.6 in 2001. Thirty-two per cent of women experience their first childbirth by age 19. The contraceptive prevalence rate for modern methods increased from 3 per cent in 1996 to 7 per cent in 2001.

3. The delivery of health services is limited. In 2000, only 15 of 33 health zones were operational. Of 465 public health centres, 156 are in poor condition. In urban areas, the private sector plays a major role in delivering health services. Public health centres provide a set of reproductive health services, including family planning, safe motherhood and the prevention of sexually transmitted infections (STIs) and HIV/AIDS. However, the centres do not yet offer emergency obstetric care, including the treatment of obstetric fistula, emergency antenatal care, post-abortion care and services for youth and adolescents.

4. Gaps between men and women persist in schooling, literacy and representation in decision-making bodies. In 2000, 94.4 per cent of boys attended primary school compared to 65.2 per cent of girls. In 1999, 55.4 per cent of men were literate compared to only 23.6 per cent of women. In 2002, only 6 out of 83 parliamentarians were women, and there were two women ministers. Violence against women and girls is common. Women are often subjected to female genital cutting, rape, sexual harassment, forced marriage and levirate.

5. Despite an improved economic growth rate during the past decade, poverty persists, especially in rural areas. Over twenty-nine per cent of the total population lives under the poverty line (33 per cent in rural areas and 23 per cent in urban areas). National and sectoral policies aim to reduce the incidence of poverty to 15 per cent.

II. Past cooperation and lessons learned

6. The previous programme of assistance (1999-2003) was approved for $12 million, of which $10 million were from regular resources. Additional resources were mobilized, including $1.34 million from the United Nations Foundation for health and social services for adolescent girls; $1.25 million from the Government of Switzerland for the third population census; $0.59 million from the Governments of the Netherlands and the United Kingdom for reproductive health; $0.23 million from the World Bank for contraceptive commodities; and $0.15 million from the Arab Gulf Programme for United Nations Development Organizations to reduce maternal mortality.

7. Under the previous country programme, various policy and programme documents were revised or developed, including a national women's promotion policy and plan of action; a youth policy; a national reproductive health programme; and a population and family life education programme. National institutions, such as the general directorate of human resources and population, and the national commission for women's promotion, were strengthened to better implement, monitor and evaluate the programme. The previous country programme also contributed to the collection of sociodemographic data and to capacity-building by providing training in programme management, service delivery and advocacy. Population and development as well as reproductive health were integrated into training institutions, including the *Centre de*

formation et de recherche en matière de population and the faculty of health sciences of the National University of Benin. The programme also helped to strengthen women's associations and reinforced skills in peer education and community-based services in 27 districts.

8. The programme supported the integration of a minimum package of reproductive health services into 120 public health units, as well as into the military, non-governmental organizations (NGOs) and four religious health centres. The programme also supported the provision of high-quality reproductive health services by providing training and equipment and by renovating 19 maternity hospitals and health centres. Services for youth were strengthened by introducing information and counselling services in eight youth centres and by developing peer education strategies through youth association networks, a community multimedia centre and by assisting eight community radio stations.

9. Advocacy efforts with parliamentarians contributed to the approval by the national assembly of the family code in June 2002 and the reproductive health law and the law against female genital cutting in January 2003. Advocacy activities aimed at traditional, political, administrative and religious leaders led to increased awareness of population issues at national and local levels and facilitated the dissemination of public-awareness campaigns through the media.

10. Lessons learned included recognition of the need for better quality social services; innovative strategies for information dissemination; decentralization of interventions; more active involvement of NGOs and the private sector; diversified advocacy efforts for associations, trade unions and communities; and better coordination of programme interventions.

III. Proposed programme

11. The programme cycle has been harmonized with UNICEF and UNDP. The Government of Benin, with support from the UNFPA country office and the UNFPA Country Technical Services Team (CST) in Dakar, Senegal, developed the programme. The programme is based on the promotion of human rights, the objectives of the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals and the New Partnership for Africa's Development. It also takes into account the Government's programme of action, the poverty reduction strategy paper, the national population policy and the recommendations of the United Nations Development Assistance Framework (UNDAF).

12. The goal of the proposed programme is to contribute to government efforts to reduce poverty by improving living conditions and by balancing demographic and economic growth. The programme will contribute to: (a) increased awareness of population and development issues; (b) improved legal and socio-economic status of women, ensuring their increased involvement in the development process; and (c) increased utilization of high-quality reproductive health services. In the area of reproductive health, interventions will focus on six health zones, including the four zones covered under the previous programme, in order to consolidate programme achievements, strengthen the decentralization process and improve programme efficiency. There will be national coverage for programme monitoring and evaluation, coordination, data collection, contraceptive procurement and advocacy.

13. The proposed programme will have three subprogrammes: population and development strategies, reproductive health and advocacy. The programme will focus on specific intervention areas to ensure greater efficiency and synergy with other development partners.

Population and development strategies subprogramme

14. The first output of this subprogramme – strengthened national capacity in the design, implementation, monitoring, evaluation and coordination of national and sectoral population

and development programmes – will be achieved by employing two strategies: (a) improving population and development management and coordination capacity; and (b) strengthening technical capacity and providing equipment for the implementation of sectoral programmes at national and local levels.

15. The second output – creation of a functional, integrated information system in population and development, disaggregated by region and sex – will be addressed through the following strategies: (a) establishing a national population and development data collection and analysis plan; (b) supporting continuous and periodic data collection and analysis systems; (c) supporting the harmonization of data; (d) supporting the establishment of a national gender, population and development database; (e) supporting in-depth analysis of existing data; (f) undertaking advocacy for the utilization of the data; and (g) strengthening capacity in data filing and in disseminating population and development information.

16. The third output – an improved legal and sociocultural framework for the promotion of equality and equity between men and women – seeks to harmonize the national legal framework with international conventions signed by Benin and to create a gender and development counselling and training centre. The centre will improve access to resources and services for women and adolescents by: (a) analysing the social roles of girls and boys; (b) improving girls' access to school; (c) promoting women's access to resources, means of production and credit; (d) promoting men's involvement, as beneficiaries and partners, in gender and reproductive health issues; (e) extending family life education into the higher grades of secondary schools; (f) disseminating family life education messages through NGOs, women's groups, community associations and the media; and (g) reinforcing the capacity of grassroots communities to manage environmental programmes in densely populated areas.

Reproductive health subprogramme

17. The first output of the reproductive health subprogramme – increased demand for reproductive health services in the programme intervention areas – will be achieved by: (a) undertaking advocacy efforts with selected groups that oppose reproductive health programmes; (b) reinforcing staff skills in behaviour change communication; (c) developing interpersonal communication techniques through community radio stations, NGOs, community associations, parents' associations and traditional community leaders; (d) strengthening a community multimedia centre for youth associations and peer education networks that promote responsible sexuality and the prevention of STIs and HIV/AIDS; (e) developing qualitative research as a basis for sound communication strategies; and (f) undertaking community mobilization through public and religious health centres.

18. The second output – strengthened reproductive health services in programme intervention areas – will be achieved through the following strategies: (a) increasing the availability of reproductive health services; (b) developing quality assurance for reproductive health services; and (c) reinforcing management capacity.

19. Increased availability of reproductive health services will be attained by: (a) fully integrating family planning, maternal health services, STI and HIV/AIDS prevention and treatment, youth health, men's health, and behaviour change communication into public health centres in six health zones, the private sector, the military and religious health centres; (b) extending community-based services; (c) developing emergency obstetric care, post-abortion care and treating obstetric fistula; and (d) providing counselling and information services for youth and adolescents in youth centres and orphanages.

20. Quality assurance for reproductive health services will be developed by: (a) reinforcing the counselling skills of service providers; (b) improving technical skills, through training,

supervision and the renovation of maternity hospitals; (c) supplying equipment, materials, essential drugs and reproductive health commodities; and (d) creating partnerships with communities.

21. Management capacity will be reinforced by: (a) training officers in programme management and mainstreaming reproductive health modules in training institutions; (b) developing a reproductive health commodity security plan; and (c) conducting operational research to assess reproductive health needs. In this regard, an analysis of the reproductive health needs of the elderly will be conducted to provide baseline data for the formulation of a national strategy to address health problems of the elderly, focusing on prevention and early detection of breast, uterine and prostate cancer.

Advocacy subprogramme

22. The expected output of this subprogramme is to increase the commitment of all stakeholders at different levels on population and development issues. It will be achieved by: (a) increasing dialogue with traditional and religious leaders at the institutional and individual levels; and (b) delivering appropriate information to different target groups.

IV. Programme management, monitoring and evaluation

23. The programme will be implemented in close cooperation with other United Nations agencies and partners in the context of UNDAF and the sector-wide approach. The programme will employ results-based management and will be nationally executed. A national project implementation follow-up unit and the UNFPA country office will ensure programme coordination. In addition to annual subprogramme reviews, a midterm review will be organized in line with the UNDAF work plan. A final evaluation of the programme will be conducted in 2008.

24. The UNFPA country office in Benin will manage the programme with the following staff, as per the approved country office typology: a UNFPA Representative, an Assistant Representative, a national programme officer, an operations manager, national project personnel and administrative support staff. The CST in Dakar, Senegal, will provide technical support.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR BENIN

UNDAF Objectives: (a) fight poverty, food insecurity and ensure the protection of the environment; (b) ensure equitable access to quality, essential social services and promote the protection of human rights; and (c) fight HIV/AIDS, malaria, tuberculosis and other diseases;

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Contribute to government efforts to reduce poverty by improving living conditions and by balancing demographic and economic growth Goal indicators • By 2015, ratio of persons living below the poverty line improves from 29.6% in 2000 to 15%; • Life expectancy at birth increases from 52.3 years in 2002 to 65 years; • Adolescent girls' contribution to fertility decreases from 21% in 2001 to 15%; • Maternal mortality ratio decreases from 498 per 100,000 live births in 1996 to 390 per 100,000; • Infant mortality rate decreases from 89.1 per 1,000 live births in 2001 to 50 per 1,000; • Women's participation index increases from 0.299 in 1996 to 0.400	*[Population and development strategies subprogramme]* Contribute to an increased awareness of population and development issues	• National and sectoral development policies, programmes and strategies are in line with the objectives of the national population policy	**Output 1 Strengthened national capacity in the design, implementation, monitoring, evaluation and coordination of national and sectoral population and development programmes** Output indicators By the end of 2008 • The implementation of the population policy and sectoral development programmes is monitored, evaluated and coordinated with appropriate mechanisms and tools, such as an annual plan of action • Component units of the institutional framework of the national population policy are functional • Units involved in implementing population and development programmes have adequate and competent human resources to address their needs • National units involved in implementing population and development programmes are provided with adequate infrastructure and logistics **Output 2 Creation of a functional, integrated information system in population and development, disaggregated by region and sex** Output indicators By the end of 2008 • Different sectoral oversight offices, such as those monitoring women's and children's rights, are functional • Database of updated and harmonized population and development data, disaggregated by region and gender, is operational • Mechanisms for collecting, processing, managing and disseminating population and development data are operational	$0.9 million $1.85 million
	Contribute to the improved legal and socio-economic status of women, ensuring their increased involvement in the development process	• Laws on reproductive health and female genital cutting disseminated • Gender gaps in access to education reduced • Gender gaps in respect to women's access to means of production reduced	**Output 3 An improved legal and sociocultural framework for the promotion of equality and equity between men and women** Output indicator By the end of 2008 • Adoption and enforcement of various laws and legal documents pertaining to equity and equality between men and women, as well as HIV/AIDS prevention, are supported by opinion leaders, parliamentarians and political decision makers	$1 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
	[Reproductive health subprogramme] Contribute to increased utilization of high-quality reproductive health services	• Rate of childbirths attended by trained staff increases from 73% to 80% • Contraceptive prevalence rate for modern methods increases from 7% to 15% (varying between urban and rural areas) • Reproductive health service utilization rate increases in connection with STIs, antenatal visits (four) and post-natal consultations • Reduction of maternal deaths due to obstetric complications • Reduction of antenatal mortality from 38 per 1,000 to 30 per 1,000 • Reduction of risky reproductive health behaviour (multiple partners and non-utilization of condoms)	**Output 4: Increased demand for reproductive health services in programme intervention areas** Output indicator By the end of 2008 • Ratio of the population with knowledge of family planning, STIs, HIV/AIDS, early pregnancies, harmful practices and the existence of reproductive health services increases from 90% to 98% in different target groups	$2 million
			Output 5: Strengthened reproductive health services in programme intervention areas Output indicators By the end of 2008 • Number of health units providing family planning and STI and HIV/AIDS services (including counselling, self-detection and syndromic treatment of STIs by competent staff), youth, adolescent and men's reproductive health services, and behaviour change communication according to established standards increases from 90% to 100% in the intervention areas • Treatment of obstetric emergencies increases from 16% to 100% in the intervention areas • Coverage of obstetric fistulas extends to two zonal hospitals	$7 million
	[Advocacy subprogramme]		**Output 6: Increased commitment of all stakeholders at different levels on population and development issues** Output indicators By the end of 2008 • Opinion leaders, political leaders and parliamentarians as well as NGOs, associations and group leaders adhere to population and development policies and programmes and show clear support for their implementation • Executives and technical staff of implementation units, NGOs and civil society networks fully support population and development policies and programmes and conduct activities for their promotion	$2.25 million **Total for programme coordination and assistance: $0.5 million**